



Application for Motor Vehicle Inspection Station License

Please Read the Instructions



Print or type this application. You must answer all the questions. Incomplete applications will be returned. False answers may be grounds for license refusal. You must employ a licensed inspection mechanic before you can obtain a station license. If you have questions about the application, please call 624-8934 or 624-8935.

Mail to: Department of Public Safety
Licensing and Inspection
164 State House Station
Augusta, Maine 04333-0164

SBI Fee: \$15.00 (required for each owner and on-site manager)

For office use only:	Station Number:
	Officer Assigned:

1	Legal Business Name of Station:
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2	Mailing Address:
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3	Physical Location if Different from Mailing Address:
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4	Telephone Number of Business:
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5	List your Business Hours (16 hours minimum)
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6	Does the Business employ at least one full time licensed inspection mechanic? ! Yes ! No
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7	List all licensed inspection mechanics (with social security number) employed by the business. (Use separate sheet if necessary.)
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For businesses owned individually or in partnership. (All owners must answer the following.)

8a	Name of Owner:
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8b	Date of Birth of Owner:
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8c	Have you, the owner, <u>ever</u> had any criminal or motor vehicle convictions? ! Yes ! No If you answered yes, please explain on separate page.
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For Businesses Owned by a Corporation.

9a	Name of Corporation:
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9b	Address of Corporation:
9c	Name of Corporate Fleet Manager or Business Manager (If different from on-site manager):
9d	Telephone Number for Fleet Manager or Business Manager:
9e	Name of On-Site Manager:
9f	Date of Birth of On-Site Manager:
9g	Have you, the on-site manager, <u>ever</u> had any criminal or motor vehicle convictions? ! Yes ! No
If you answered yes, please explain on separate page.	
10	Does the station have all the required equipment as specified in the inspection manual? ! Yes ! No

Indicate the class(es) of vehicles applied for:

- _____ Class A (Motor vehicles not exceeding a gross weight of 10,000 lbs and woods tractors; excluding school buses, motorcycles, mopeds, and motor driven cycles.)
- _____ Class B (School Buses) (Must also have Class A and D.)
- _____ Class C (Motorcycles, mopeds, and motor driven cycles.)
- _____ Class D (Motor vehicles with a gross weight rating of 10,001 or more pounds, vehicles designed to transport more than 15 passengers, vehicles used to transport hazardous materials in quantities required to be placarded or commercial vehicles with a gross combination weight rating of 10,001 pounds or more, except school buses.)
- _____ Class E (Any gasoline powered vehicle required to be registered in Cumberland County which is subject to the enhanced inspection described in 29-A MRSA §1751.) (Must also have Class A.)

Agreement

I, the undersigned owner or authorized person (for corporations) of the business named above located at the above address agree to the following terms regarding the operation of this business if licensed as an inspection station.

- 1- I and any employees of this business shall comply with Maine laws, rules and regulations governing inspections.
- 2- If I or my employees do not comply with the applicable laws, rules and regulations, I understand that the inspection station license may be suspended or revoked.
- 3- I agree that if the station license is terminated for any reason, I will surrender all State of Maine inspection materials to the Maine State Police.
- 4- I certify that the above statements are true to the best of my knowledge. The Maine State Police has my permission to contact the people necessary to verify the statements on the application. I understand that any misstatements on this application shall be cause to deny issuing a license or shall be cause for a hearing concerning suspension of such license. **Any false information on this application may be punishable under 17-A MRSA §453.**

Date: _____

Signature: _____
Title: _____

State Police Use Only

This station is approved: ! Fleet ! Public

This station is qualified for the following license(s). A B C D T E

Date: _____

Signature _____
Trooper/MV Inspector

! This station is not approved; see denial form.